

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025440

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1788

FILED JUL 2 1962

1. PLACE OF DEATH a. COUNTY <u>St. Louis Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>City of St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Koch Mo</u>		Length of stay in lb <u>69 days</u>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Robert Koch Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3002a Keokuk</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Edwin</u> Middle <u>A.</u> Last <u>Davis</u>		4. DATE OF DEATH Month <u>6</u> Day <u>15</u> Year <u>'62</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/26/94</u>
9. AGE (last birthday) <u>67 yrs.</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>15</u>	IF UNDER 24 HR Hours <u>15</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet metal worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OKlahoma</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Conper E. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Allen</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Davis</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Army WWI</u>		17. INFORMANT <u>Records of Koch Hosp.; Koch Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of the lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos (?)</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>16 mos</u> DUE TO (c) <u>16 mos</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6:35</u> a.m. <u>A.M.</u> Month, Day, Year <u>4/7/62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Robert Koch Hosp.; Koch Mo.</u>	
21. I attended the deceased from <u>4/7/62</u> to <u>6/15/62</u> and last saw her (him) alive on <u>6/15/62</u> Death occurred at <u>6:35 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>Robert Koch Hosp.; Koch Mo.</u>	
22a. SIGNATURE <u>Axel R. Loman, M.D.</u>		22c. DATE SIGNED <u>6/15/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>June 18, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>JEFFERSON BRKS. MO.</u>
24. FUNERAL DIRECTOR <u>Thomas Kutis 2906 Grand</u>		25. DATE RECD. BY LOCAL REG. <u>6-15-62</u>	
26. REGISTRAR'S SIGNATURE <u>John B. Murphy, M.D.</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

14000

2 22479

3-

4 0

5 1

6

7 1

8 2

9 163X

10

11

12 41-0

13

41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. G. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Shaver's

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.